

## FINANCIAL RESOURCES INSTRUCTIONS (RS -16)

A properly executed RS-16 must be included in the case record of each individual prior to the provision of any services based on financial need. **Individuals receiving SSI/SSDI are exempt from financial need assessment, but the form should be completed to assess available resources and comparable benefits.** The RS-16 is used to document financial resources and similar comparable benefits of the individual. (The RS-600-A and RS-600-C are used to summarize and compute the amount of supplementation necessary.) Instructions for completion of the RS-16 are to be followed to assure compliance with State policies and regulations.

- Record the individual's name, date, and the total number in household.

### CAPITAL ASSETS

**1. Liquid Assets:** Enter N/A in this column. Liquid assets of the individual and spouse will be interpreted as meaning cash and those instruments that can readily be turned into cash. (Example - money on hand, savings, bonds, securities, and other negotiable papers.) Deduct the first ~~\$4,000~~ \$ 6,000 for ~~single~~ persons (without dependents children), or ~~\$6,000~~ \$12,000 for persons with dependents children and enter the remainder of liquid assets on the blank line. If none, enter 0. If the individual is 24 years of age or under and unmarried, the parent(s) assets must be included. A copy of the parent(s) income tax forms must be provided for this purpose. If the parent(s) do not support the individual, the individual must provide documentation of non-support.

**2. Real Property:** Enter N/A in this column. ~~The individual's home is exempt from consideration. All other real property is interpreted to mean all real estate held in the individual's name. The equity of the individual's property will be entered. The first \$25,000 is to be exempted. Equity is interpreted to mean the difference between the total obligation against and the current market value of the property. Total obligation against is the amount owed on the property. This amount may be substantiated by whatever means the counselor has, including documented proof if deemed necessary. Current market value is the price the property will bring on the current market. This amount is determined by counselor judgment, any expert advice available, and/or any available record of sales of similar property, and estimates of the individual. If no equity, enter 0.~~

Examples: a) Applicant submits information of \$15,000 equity in real property. The individual is exempted and the amount entered is 0. b) Applicant submits information that obligation against the property is \$7,000. The current market value is \$35,000. Thirty-five thousand dollars minus \$7,000 equals \$28,000 equity. Twenty-eight thousand dollars minus \$25,000 exemption equals \$3,000 to be entered as a capital asset.

**3. Personal Property:** Enter N/A in this column ~~Consider only livestock that could be sold without depleting the herd or creating a hardship.~~

**4. Other:** Enter any other capital assets.

**5. Total:** Enter the sum of the amounts in Lines 1-4. If none, enter 0.

## MONTHLY INCOME

Reported income must be verified. (see section V)

If the individual or parent(s) reports zero income or did not file income tax forms, the individual must sign a written statement of verification. If the individual is 24 years of age or under and unmarried, the parent(s) income must be included. A copy of the parent(s) income tax forms must be provided for this purpose. If the parent(s) do not support the individual, the individual must provide documentation of non-support.

**6. Net Salary:** ~~Enter the "take home" pay~~ 25% of the gross income from the most recent paycheck computed on a monthly basis for a regular full-time employee.

Enter 25% of the adjusted gross income computed on a monthly basis if the information is obtained from income tax returns or the PELL grant summary.

For farmers, teachers, or part-time employees, the amount entered will be the monthly average for the past 12 months. If income has ceased at the time of application or will not be continuing, enter 0 in the amount column.

**7. Pension:** Enter the amount and check or enter the type of pension.

**8. AFDC:** Enter the amount.

**9. Other:** Enter the source and the amount of any other income such as contributions, rent, board, etc. received. Enter the family income from parent(s) or spouse. If the individual is 24 years of age or under and unmarried, parent(s) income must be included.

**10. Total:** Enter the sum of amounts in Lines 6-9. If none, enter 0.

## NORMAL LIVING REQUIREMENTS

**11. Family Group:** Enter from the Normal Living Requirements Table the amount in accordance with the household group and any modification. NLR includes shelter, food, clothing, general health maintenance, utilities, and basic standard living requirements.

<u>Number of persons</u>	<u>Monthly Amount</u>
1	<del>\$2,400</del> \$ 2,800
2	<del>\$2,800</del> \$ 3,200
3	<del>\$3,200</del> \$ 3,600
(\$400 each additional family member)	

To be deleted from page E-48.

~~Exclusions include cash and/or liquid assets up to \$4,000 for persons without dependents and \$6,000 for persons with dependents. Exceptions are lump sum or one-time expenditures for rehabilitation services not exceeding \$1,000.~~

**~~EXCEPTION: Individuals at HSRC (See Appendix C, Financial Participation)~~**

**QUESTIONNAIRE FOR FILING PROPOSED RULES AND REGULATIONS WITH THE ARKANSAS  
LEGISLATIVE COUNCIL AND JOINT INTERIM COMMITTEE**

**DEPARTMENT/AGENCY** Department of Workforce Education

**DIVISION** Arkansas Rehabilitation Services

**DIVISION DIRECTOR** John Wyvill, Commissioner

**CONTACT PERSON** Dale Turrentine

**ADDRESS** 1616 Brookwood Dr., Little Rock, AR 72203

**PHONE NO:** (501) 296-1620 **FAX NO:** (501) 296-1687 **E-MAIL** daturrentine@ars.state.ar.us

**INSTRUCTIONS**

- A. Please make copies of this form for future use.
- B. Please answer each question **completely** using layman terms. You may use additional sheets, if necessary.
- C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this Rule" below.
- D. Submit two (2) copies of this questionnaire and financial impact statement attached to the front of two (2) copies of your proposed rule and required documents. Mail or deliver to:

Donna K. Davis  
Subcommittee on Administrative Rules and Regulations  
Arkansas Legislative Council  
Bureau of Legislative Research  
Room 315, State Capitol  
Little Rock, AR 72201

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- 1. What is the short title of this rule? Arkansas Rehabilitation Services Policy and Procedure Manual
- 2. What is the subject of the proposed rules?  
Appendix E. Financial Need Instructions (RS-16)
- 3. Is this rule required to comply with federal regulation or statute regulations? Yes X No \_\_\_\_  
**If yes, please provide the federal regulation and/or statute citation.**  
Rehabilitation Act Amendments of 1998 - 29 U.S.C. § 701 et. seq.  
Workforce Investment Act of 1998 - 20 U.S.C. § 9201 et. seq.
- 4. Was this rule filed under the emergency provision of the Administrative Procedure Act?  
Yes \_\_\_\_ No X

If yes, what is the effective date of the emergency rule? \_\_\_\_\_

When does the emergency rule expire? \_\_\_\_\_

Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act? Yes \_\_\_\_ No X

5. Is this a new rule? Yes \_\_\_ No X If yes, please provide a brief summary explaining the regulation.

Does this repeal an existing rule? Yes \_\_\_\_\_ No X If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is being replaced with a new rule, please provide a summary of the rule giving an explanation of what the rule does.

Is this an amendment to an existing rule? Yes X No \_\_\_ If yes, please attach a mark-up showing the changes in the existing rule and a summary of the substantive changes. NOTE: The summary should explain what the amendment does, and the mark-up copy should be clearly labeled "mark-up."

6. Cite the state law that grants the authority for the proposed rule? If codified, please give Arkansas Code Citation.

Arkansas Code Annotated § 25-30-201, Rehabilitation Act of Arkansas

7. What is the purpose of this proposed rule? Why is it necessary?

The purpose is to update the rule based on federal regulations.

8. Will a public hearing be held on this proposed rule? Yes X No \_\_\_\_\_

If yes, complete the following:

Date: October 18, 2004

Time: 11:00 a.m. – 1:00 p.m.

Place: Arkansas Rehabilitation Services, 1616 Brookwood Dr. Little Rock, AR 72203

Conference Room for more information call 501.296.1620

9. When does the public comment period expire for permanent promulgation? (Must provide a date.) October 23, 2004

10. What is the proposed effective date of this proposed rule? (Must provide a date.)

November 15, 2004

11. Do you expect this rule to be controversial? Yes \_\_\_\_\_ No X If yes, please explain.

12. Please give the names of persons, groups, or organizations which you expect to comment on these rules? Please provide their position (for or against) if known.

Disability Rights Center – Unknown

For - Rehabilitation Council, AR Independent Living Council, AR Independent Living Centers, AR Disability Coalition

**FINANCIAL IMPACT STATEMENT**  
**PLEASE ANSWER ALL QUESTIONS COMPLETELY**

**DEPARTMENT** of Workforce Education

**DIVISION** Arkansas Rehabilitation Services

**PERSON COMPLETING THIS STATEMENT** John Wright, Assistant Commissioner of Financial Management

**TELEPHONE NO.** 501.296.1614 **FAX NO.** 501.296.1681 **EMAIL:** jwwright@ars.state.ar.us

To comply with Act 1104 of 1995, please complete the following Financial Impact Statement and file two copies with the questionnaire and propose rules

**SHORT TITLE OF THIS RULE**

Arkansas Rehabilitation Services Policy and Procedure Manual changes

1. Does this proposed, amended, or repealed rule or regulation have a financial impact?  
Yes \_\_\_\_\_ No X
2. If you believe that the development of financial impact statement is so speculative as to be cost prohibited, please explain.
3. If the purpose of this rule or regulation is to implement a federal rule or regulation, please give the incremental cost for implementing the regulation. Please indicate if the cost provided is the cost of the program.

**Current Fiscal Year**

General Revenue \_\_\_\_\_  
Federal Funds \_\_\_\_\_  
Cash Funds \_\_\_\_\_  
Special Revenue \_\_\_\_\_  
Other \_\_\_\_\_  
Total \_\_\_\_\_

**Next Fiscal Year**

General Revenue \_\_\_\_\_  
Federal Funds \_\_\_\_\_  
Cash Funds \_\_\_\_\_  
Special Revenue \_\_\_\_\_  
Other \_\_\_\_\_  
Total \_\_\_\_\_

4. What is the total estimated cost by fiscal year to any party subject to the proposed, amended, or repealed rule or regulation? Identify the party subject to the proposed regulation, and explain how they are affected.

**Current Fiscal Year**

\$ \_\_\_\_\_

**Next Fiscal Year**

\$ \_\_\_\_\_

5. What is the total estimated cost by fiscal year to the agency to implement this regulation?  
**There is no additional cost to ARS, since this program currently exist with federal funds.**

**Current Fiscal Year**

\$ \_\_\_\_\_

**Next Fiscal Year**

\$ \_\_\_\_\_